PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a nemaintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the				
		Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
	590 06/13/2006				Cer	tificate of M	ailing or Trans	smission	
GOTTLIEB RAC 270 MADISON A' 8TH FLOOR		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
NEW YORK, NY	100160601							(Depositor's name)	
								(Signature)	
		_		Ĺ		·····		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR		ATTORNEY	DOCKET NO.	CONFIRMATION NO.	
08/850,996	08/850,996 05/05/1997			GEORGE LYDECKER		3464/3		5497	
THE OF INVENTION, A	ECORDING AND PLAYBA	CR CONTROL	STSTEM						
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICA	TION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1400		\$	0	\$1400		09/13/2006	
EXAM	EXAMINER		ART UNIT		BCLASS				
MEI, XU		2615		700-094000				•	
 Change of correspondence CFR 1.363). 	1		nt front page, lis		GOTTLIEB,	RACKMAN & REISMAN,			
Change of correspond Address form PTO/SB/12	lence address (or Change of (22) attached.	Correspondence	or agents (OR, alternativel		•	NEW YORK	MADISON AVENUE (, NEW YORK 10016-06	
"Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print or type)		<u> </u>			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee	data will app	ear on the pate	nt. If an assigne	e is identifie	ed below, the d	locument has been filed for	
(A) NAME OF ASSIGN					d STATE OR C	OUNTRY)			
Warner Music	30 Rockefeller Plaza, 30th Fl. New York, New York 10019								
Please check the appropriate	assignee category or categor							oup entity Government	
4a. The following fee(s) are	enclosed:	46	. Payment of	Fee(s):					
Issue Fee	X A check in the amount of the fee(s) is enclosed.								
☐ Publication Fee (No s☐ Advance Order - # of	Payment by credit card. Form PTO-2038 is attached.								
Advance Order - # of	Copies		Deposit A	ctor is hereby au Account Number	thorized by char 07-173	ge the requir	ed fee(s), or cre (enclose an extr	edit any overpayment, to ra copy of this form).	
	(from status indicated above								
	MALL ENTITY status. See 3		b. Applic	ant is no longer	claiming SMAL	L ENTITY S	tatus. See 37 C	FR 1.27(g)(2).	
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Authorized Signature	alle				Date July	19, 2	006		
Typed or printed name _	<u> </u>	· ··	-	Registration N	o. <u>2</u>	9,876			
submitting the completed ap	on is required by 37 CFR 1.3 ty is governed by 35 U.S.C. plication form to the USPTG for reducing this burden, shinted 22313-1450. DO NOT \$1450.	122 and 37 CFR D. Time will vary ould be sent to the	1.14. This col depending up Chief Inform	lection is estimated to the lection of the individual control of the lection of t	ated to take 12 n al case. Any con	minutes to comments on the	mplete, includir	ng gathering, preparing, and me you require to complete	

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